



TEAM NUTRITION SCHOOL ENROLLMENT FORM

(Submit one for each school)

Our Team Nutrition School Leader is:

☐ Ms. ☐ Mrs.

☐ Mr. ☐ Other

First Name

Last Name

Title

School's Name

Total Enrollment

Grades Taught

School District

School County

School Address

City

State

Zip Code

Telephone ()

FAX ()

E-mail address

Please check one or more of the appropriate grade ranges:

☐ P (Preschool_ PreK

☐ E (Elementary K - 5/6

☐ M (Middle) 6/7 – 8

☐ H (High) 9 - 12

We agree to:

- Support USDA's Team Nutrition goal and values.
- Demonstrate a commitment to help students meet the Dietary Guidelines for Americans.
- Designate a Team Nutrition School Leader who will establish a school team.
- Distribute Team Nutrition materials to teachers, students and parents.
- Involve teachers, students, parents, food service personnel, and the community in interactive and entertaining nutrition education activities.
- Participate in the National School Lunch Program.
- Demonstrate a well-run Child Nutrition Program.
- Share successful strategies and programs with other schools.

We certify our school does not have any outstanding overclaims or significant program violations in our school meals programs.

School Principal, Printed Name

School Food Service Manger, Printed Name

Signature

Signature

Date

Date